

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-679)

SERIAL NO. 09/990773
APPLICANT(S)

FILING DATE

CLAIMS

NO.	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2	/		/		/	
3			/		/	
4			/		/	
5	/		/		/	
6			/		/	
7			/		/	
8	/		/		/	
9			/		/	
10	/		/		/	
11			/		/	
12	/		/		/	
13			/		/	
14	/		/		/	
15			/		/	
16	/		/		/	
17			/		/	
18			/		/	
19			/		/	
20			/		/	
21			/		/	
22			/		/	
23			/		/	
24			/		/	
25	/		/		/	
26			/		/	
27			/		/	
28			/		/	
29			/		/	
30			/		/	
31			/		/	
32			/		/	
33			/		/	
34			/		/	
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	3		3		4	
TOTAL DEP.	31		37		30	
TOTAL CLAIMS	34		34		34	

NO.	IND.	DEP.	NO.	IND.	DEP.
51					
52					
53					
54					
55					
56					
57					
58					
59					
60					
61					
62					
63					
64					
65					
66					
67					
68					
69					
70					
71					
72					
73					
74					
75					
76					
77					
78					
79					
80					
81					
82					
83					
84					
85					
86					
87					
88					
89					
90					
91					
92					
93					
94					
95					
96					
97					
98					
99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS